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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/701,058	
	Filing Date	11/04/2003	
	First Named Inventor	Charles J. Zapiec	
	Art Unit	2875	
	Examiner Name		
Total Number of Pages in This Submission	2	Attorney Docket Number	AEIPT01D1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Thomas M. Champagne IP Strategies, P.C.
Signature	<i>Thomas Champagne</i>
Date	04/20/2004

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Thomas Champagne
Signature	<i>Thomas Champagne</i>
Date	04/20/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035  
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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/701,056
Filing Date	11/04/2003
First Named Inventor	Charles J. Zaplec
Art Unit	
Examiner Name	
Attorney Docket Number	AEIPT01D1

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The applicants have engaged new patent counsel.

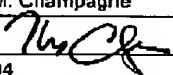
The reasons for this request are:

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
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<input type="checkbox"/> Firm or Individual Name	appliedE, Inc.				
Address	126 West Neck Road				
Address					
City	Huntington	State	NY	Zip	11743
Country	US				
Telephone	631-549-1520			Fax	631-444-8825
Name	Thomas M. Champagne				
Signature				Registration No.	36,478
Date	04/20/2004			Telephone No.	703-248-9220

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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